


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90069 001 ***122.50

DOCUMENT # N05000003201 1. Entity Name THE MINISTRIES OF JERICO, INC.	
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Principal Place of Business 7309 BRIDGEVIEW CIRCLE #207 TAMPA, FL 33634	Mailing Address 7309 BRIDGEVIEW CIRCLE #207 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE

00010001

04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3799668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAHAM, VERMELL PASTOR 7309 BRIDGEVIEW CIRCLE #207 TAMPA, FL 33634	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, VERMELL PASTOR 4119 POPLAR AVE. #102 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODWIN, PEARL 4119 POPLAR AVE. #102 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MELISSA A 4119 POPLAR AVE. #102 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, SHARON 4119 POPLAR AVE. #102 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vermell Graham Pastor* **4-22-08** **(813) 769-9602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #